

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 61

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Copper Hill No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Walter Fuller Jr.

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth March 23, 1926
Month Day Year

8. FATHER
Full name Henry Walter Fuller

9. Residence (Usual place of abode) Copper Hill, Ariz.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Texas
(State or country)

13. Occupation Timberman in Copper
Nature of industry mine

20. Number of children of this mother four
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living four
(b) Born alive but now dead none
(c) Stillborn none

14. MOTHER
Full maiden name Barbara Garrett

15. Residence (Usual place of abode) Copper Hill, Ariz.
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Tombstone, Ariz.
(State or country)

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:23 p.m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. S. Harper, M.D.
physician
(Physician or midwife).

Given name added from a supplemental report. Month, day, year

Address 351 26 St. Tombstone
Filed _____, 19____
Registrar

869-323-273